

Mediation Services Request Form

| Office Use Only | |
|-----------------|-------|
| Case Number: | _____ |
| Date Received: | _____ |
| Postmarked: | _____ |

Please Print

Name _____ Age _____ Spouse _____ Age _____

Address _____
City _____ State _____ Zip _____ County _____

Phone _____ Cell _____ Email _____

| | | |
|---|------------------------------|-----------------------------|
| Are you a U.S. citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a veteran? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you farm or ranch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an agricultural loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is more than 50% of your gross income from farming/ranching? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For statistical use only: **Marital Status:** Single Married Divorced Separated Widow/Widower
 Female Male **Ethnic Code:** White Hispanic Native American African American Other

Location of Clinic _____ Date _____

I am interested in the following services (may request more than one service):

- Legal and Financial Clinic (*One-on-one education on financial matters, legal issues, and farm mediation services.*)
- USDA (NRCS/FSA/RMA/Rural Development) (*One-on-one education regarding USDA non-credit issues.*)
- Mediation (*Process which brings producers and others together to resolve disputes; led by trained impartial mediator.*)
 - Yes No Financial Preparation (*One-on-one in depth financial analysis for pre-mediation.*)

Type of Issue (check all that apply):

Financial: Debt w/Bank Debt w/FSA Debt w/Other _____

Other: Fence Transition Other _____

USDA Non-Credit Issues: FSA NRCS Risk Management Agency Rural Development

Approximate dollar value of the issue: \$ _____ Number of people affected: _____

Access to Program Records Acknowledgement

The federal government provides a portion of the funding for the Negotiations Program. In order to evaluate and monitor the performance of the Negotiations Program, the federal government requires that we maintain certain records.

Those records may include:

- | | |
|--|---|
| 1. Names and addresses of applicants for mediation services; | 7. The sums charged to the parties for each mediation service; |
| 2. Dates mediation is opened and closed; | 8. Records of delivery of services to prepare parties for mediation (including financial advisory and counseling services); and |
| 3. Issues mediated; | 9. Outcome of the mediation services, including formal settlement results and supporting documentation. |
| 4. Dates of sessions with mediators; | |
| 5. Names of mediators; | |
| 6. Mediation services furnished to the participants; | |

I/We hereby acknowledge the USDA, including the Inspector General; the Comptroller General of the United States, the Administrator, and any of their representatives will have access to the records described in the preceding paragraph. I/We understand the access to these records is for the purpose of monitoring, auditing, investigating, and evaluating the Negotiations Program.

I/We hereby give permission to the Negotiations Program to release the information provided on this Mediation Services Request Form to the mediator and, if applicable, to the financial counselor assigned to the case. I understand this information is being released for the purposes of mediation only and shall not be released for any other purposes without my permission.

By returning this completed application, I am consenting to participate in the Negotiations Program.

Date

Signature

Date

Signature

If Requesting Mediation – Complete Side 2

